



Flu Flash

Kentucky Immunization Program

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Influenza in Kentucky

The Kentucky Department for Public Health, in collaboration with local health departments, private physicians and the U.S. Center for Disease Control and Prevention (CDC), conducts influenza surveillance each year from October to May. Influenza surveillance activities in the state include laboratory reporting, monitoring of school absenteeism, long-term care facility surveillance, reporting of influenza-like illnesses by health care providers enrolled in the CDC's Sentinel Provider Surveillance Network, and other surveillance activities. The week of Sept. 28, 2008 (MMWR week 40) was the first official week of influenza surveillance for the 2008-2009 influenza season. Currently, there have been no reported cases of influenza or influenza-like illness reported in Kentucky for the 2008-2009 flu season.

Influenza activity patterns in Kentucky during the 2007-2008 influenza season were similar to what was seen nationally. Here are some significant events of Kentucky's 2007-2008 influenza season:

- Influenza vaccine was available throughout the 2007-2008 influenza season for Kentuckians who wanted to be vaccinated.
- Sporadic cases of Influenza-Like Illness (ILI) began to appear in Kentucky during the week of Oct. 7, 2007 (MMWR week 41).
- During the week of Nov. 16, 2007 (MMWR week 46) the first culture-confirmed case of influenza in Kentucky was reported by the State Public Health Laboratory.
- Influenza activity peaked in Kentucky during the week of Feb. 3, 2008 (MMWR week 6).
- No Influenza activity was seen in Kentucky from April 13- May 17 (MMWR weeks 16-20).
- There were no influenza-associated pediatric deaths reported in Kentucky during the 2007-2008 flu season.



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flu facts

According to the Centers for Disease Control and Prevention (CDC), each year in the United States on average: 5% to 20% of the population gets the flu, more than 200,000 people are hospitalized from complications of influenza, and more than 36,000 deaths are reported.

- The flu and the common cold are both respiratory illnesses but they are caused by different viruses. In general, the flu is worse than the common cold and symptoms are more intense. Colds are usually milder than the flu and generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations. Because colds and flu share many symptoms, it can be difficult to tell the difference between them based on symptoms alone.

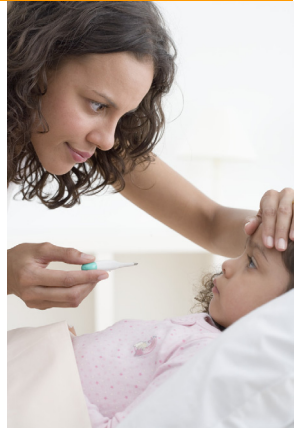
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flu facts

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Laboratory tests can be done to tell if a person has the flu.

- Influenza illness ranges from very mild to severe, depending on such factors as the influenza strain involved, and the person's susceptibility and general physical condition. The flu usually starts suddenly and may include: fever (usually high) and chills, headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, and muscle and joint aches. Stomach symptoms, such as nausea, vomiting, and diarrhea, may occur in children but are rare in adults.
- Most people recover within a week after they become ill, although they may continue to feel tired for several days. Influenza can last longer and cause life-threatening complications in elderly persons, persons with chronic medical conditions such as diabetes, heart, lung, or kidney disease, severe anemia, or chronic diseases that weaken the immune system including persons with HIV or AIDS infection.



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you can give someone the flu before you know you're sick as well as when you are sick

- The flu spreads in respiratory droplets caused by coughing and sneezing. The flu is transmitted when a person who has the flu coughs, sneezes, or speaks and sends flu virus into the air, and other people inhale the virus. A person may also be infected by touching something with virus on it and then touching their mouth or nose.

An infected person can spread influenza virus from 24 hours before the onset of their illness to 3-5 days after onset of illness.

- Symptoms appear typically 1 to 3 days after exposure to respiratory droplets from an infected person.
- An infected person can spread influenza virus from 24 hours before the onset of their illness to 3-5 days after onset of illness. Young children and persons with a weakened immune system can spread the virus for 7 days or longer. Adults may be able to infect others beginning one day before getting symptoms and up to seven days after getting sick. That means that you can give

young children and persons with a weakened immune system can spread the virus for 7 days or longer

someone the flu before you know you're sick as well as when you are sick.

- Certain anti-viral drugs, oseltamivir or zanamivir, available with a physician's prescription may reduce the severity of disease caused by influenza if therapy is started early in the course of the illness (within 48 hours of the beginning of symptoms). Otherwise, bed rest, drinking increased amounts of liquids, and taking pain relievers to help reduce the discomfort of illness is recommended. Children with influenza should not be treated with aspirin due to the risk of developing Reye's syndrome.



Symptoms appear typically 1 to 3 days after exposure.

flu prevention

Some of the complications caused by flu include bacterial pneumonia, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes. Children may get sinus problems and ear infections. People at high risk for serious flu complications include older people, young children and people with certain health conditions.

- The single best way to prevent the flu is to get a flu vaccination each fall. There are two types of vaccines:
- The "flu shot" -- an inactivated vaccine, containing killed virus (sometimes called TIV for "trivalent inactivated flu vaccine"), that is given with a needle. The flu shot is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions.
- The nasal-spray flu vaccine -- a vaccine made with live, weakened flu viruses that do not cause the flu (sometimes called LAIV for "Live Attenuated Influenza Vaccine"). LAIV is approved for use in healthy people 2 years to 49 years of age who are not pregnant.



The single best way to prevent the flu is to get a flu vaccination each fall.

flu vaccine

- When there is an adequate supply of vaccine, vaccination is recommended for anyone who wishes to reduce the likelihood of becoming ill with influenza or transmitting influenza to others.
- Manufacturers predict that greater than 130 million doses of influenza vaccine will be available for the 2008-2009 influenza season, more than ever before.

Vaccination is recommended for anyone who wishes to reduce the likelihood of becoming ill with influenza or transmitting influenza to others.

- Vaccination should begin as soon as vaccine is available in September and should continue throughout the season: Flu season usually does not peak in Kentucky until January or February and can continue into May.
- All healthcare workers should be offered annual influenza vaccine by their employer.

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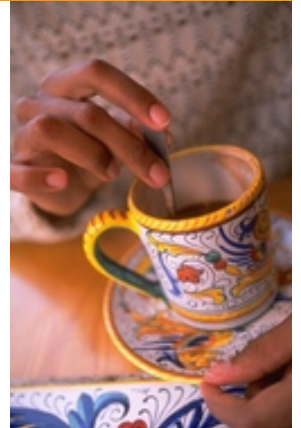
- Healthy, non-pregnant persons aged 2-49 years can receive either TIV or LAIV. All others should receive only TIV.
- All children aged 6 months–8 years who have not been vaccinated previously at any time with influenza vaccine should receive 2 doses of vaccine, separated by at least 4 weeks, with single annual doses in subsequent years. Children aged six months to younger than nine years who received influenza vaccine for the first time in the previous season but who did not receive the recommended second dose of vaccine within that first season, should receive two vaccine doses this season.

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The Kentucky Department of Public Health (KDPH) wants you to know:

- Manufacturers predict that greater than 130 million doses of influenza vaccine will be available for the 2008-2009 influenza season, more than ever before.
- The Centers for Disease Control and Prevention (CDC) will assess vaccine supply throughout the season and make decisions regarding the need, if any, for tiered timing of vaccination of risk groups if there is a shortage or significant delays.
- When adequate vaccine is available, vaccination is recommended for anyone who wishes to reduce the likelihood of becoming ill with influenza or transmitting influenza to others.
- In any influenza vaccine supply scenario: In September, during routine visits or hospitalization, begin vaccinating those at risk for complications, their household contacts, children less than 9 years of age who are being vaccinated for the first time, and healthcare personnel.
- Vaccinate throughout the season: Flu season usually does not peak in Kentucky until January or February and can continue into May. Whatever the situation early in the fall, vaccine will likely be available later in the season. Media releases will be issued to keep Kentuckians updated regarding vaccine availability.
- All healthcare workers should be offered annual influenza vaccine by their employer, and employees who decline for any reason should be required to provide a signed declination.



no scientifically conclusive evidence has demonstrated harm from exposure to thimerosal -containing vaccine

- Healthy, non-pregnant persons aged 2-49 years can receive either trivalent inactivated flu vaccine (TIV) or live attenuated flu vaccine (LAIV). All others should receive only TIV.
- Some formulations of TIV contain trace levels of thimerosal. No scientifically conclusive evidence has demonstrated harm from exposure to thimerosal -containing vaccine. Individuals can receive any age- and risk-factor appropriate vaccine preparation.

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“Influenza-associated pediatric mortality” is a nationally notifiable condition.

“Influenza-associated pediatric mortality” is a nationally notifiable condition. Laboratory-confirmed influenza-associated deaths in children less than 18 years old will be reported to the Centers for Disease Control and Prevention. Please note that Kentucky regulations do not presently require reporting of pediatric mortality associated with influenza, but any cases should be reported.





Additional Resources

- Vaccine Information Statements (VIS) in many languages are available at the CDC Website:
<http://www.cdc.gov/vaccines/pubs/vis/default.htm>
- For information on influenza prevention and control, visit the Kentucky Department of Public Health web site:
<http://chfs.ky.gov/dph/epi/Influenza.htm>
- For flyers, posters, and brochures, including “late season” materials to encourage vaccination in December and later visit the CDC Flu Gallery: <http://www.cdc.gov/flu/professionals/flugallery/index.htm>
- For the 2008-2009 ACIP Influenza Recommendations, visit the CDC Influenza site:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e717a1.htm>
- Information regarding influenza surveillance, prevention, detection, and control (updated weekly from October-May) is available at the CDC Influenza site: <http://www.cdc.gov/flu/weekly/fluactivity.htm>

Influenza Surveillance in the United States

The CDC collects, compiles, and analyzes information on influenza activity year round in the United States and produces a weekly report from October through mid-May. The U.S. influenza surveillance system is a collaborative effort between CDC and its many partners. Information is collected in five categories that allow the CDC to:

The U.S. influenza surveillance system is a collaborative effort between CDC and its many partners.

- Find out when and where influenza activity is occurring
- Track influenza-related illness
- Determine what influenza viruses are circulating
- Detect changes in influenza viruses
- Measure the impact influenza is having on deaths in the United States

influenza surveillance cannot be used to ascertain how many people have become ill with influenza during the influenza season

It is important to remember the following about influenza surveillance in the United States:

- All influenza activity reporting by states and health-care providers is voluntary.
- The system consists of 10 complementary surveillance components in five categories.
- The reported information answers the questions of where, when, and what influenza viruses are circulating. It can be used to determine if influenza activity is increasing or decreasing, but cannot be used to ascertain how many people have become ill with influenza during the influenza season.



Advisory Committee on Immunization Practices (ACIP) 2008 Recommendations:

The 2008 Recommendations of the Advisory Committee on Immunization Practices (ACIP) for the Prevention and Control of Influenza include five principal changes or updates:

1. Beginning with the 2008–09 influenza season, annual vaccination of all children aged 5–18 years is recommended. Annual vaccination of all children aged 5–18 years should begin in September or as soon as vaccine is available for the 2008–09 influenza season, if feasible, but annual vaccination of all children aged 5–18 years should begin no later than during the 2009–10 influenza season.
2. Annual vaccination of all children aged 6 months–4 years (59 months) and older children with conditions that place them at increased risk for complications from influenza should continue. Children and adolescents at high risk for influenza complications should continue to be a focus of vaccination efforts as providers and programs transition to routinely vaccinating all children.
3. Either TIV or LAIV can be used when vaccinating healthy persons aged 2–49 years. Children aged 6 months–8 years should receive 2 doses of vaccine if they have not been vaccinated previously at any time with either LAIV or TIV (doses separated by ≥ 4 weeks); 2 doses are required for protection in these children. Children aged 6 months–8 years who received only 1 dose in their first year of vaccination should receive 2 doses the following year. LAIV should not be administered to children aged < 5 years with possible reactive airways disease, such as those who have had recurrent wheezing or a recent wheezing episode.

The 2008–09 trivalent vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida/4/2006-like antigens.

Children with possible reactive airways disease, persons at higher risk for influenza complications because of underlying medical conditions, children aged 6–23 months, and persons aged > 49 years should receive TIV.

4. The 2008–09 trivalent vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida/4/2006-like antigens.

*Oseltamivir or zanamivir
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recommended antivirals for
treatment of influenza.*

Oseltamivir-resistant influenza A (H1N1) strains have been identified in the United States and some other countries. However, oseltamivir or zanamivir continue to be the recommended antivirals for treatment of influenza because other influenza virus strains remain sensitive to oseltamivir, and resistance levels to other antiviral medications remain high.



Vaccinating Health Care Workers

Health-care administrators should consider the level of vaccination coverage among health care workers to be one measure of a patient safety quality program and consider obtaining signed declinations from personnel who decline influenza vaccination for reasons other than medical contraindications. The Joint Commission on Accreditation of Health Care Organizations has approved an infection-control standard that requires accredited organizations to offer influenza vaccinations to staff, including volunteers and licensed independent practitioners with close patient contact. The standard became an accreditation requirement beginning January 1, 2007. Persons who provide essential community services should be considered for vaccination to minimize disruption of essential activities during influenza outbreaks. Students or other persons in institutional settings should be encouraged to receive vaccine to minimize morbidity and the disruption of routine activities during epidemics.

Avoiding Missed Opportunities

The Kentucky Department for Public Health (KDPH) encourages all physicians and other healthcare providers to begin offering influenza vaccinations as soon as their vaccine becomes available. **To avoid a missed opportunity, please offer influenza vaccinations during routine office visits (or, if a patient is hospitalized, please vaccinate before discharge). Healthcare providers should identify potential vaccination opportunities during all healthcare encounters. Office staff should advocate for and offer vaccine whenever patients contact the office or healthcare facility.** Vaccination for influenza should continue throughout flu season, as peak influenza activity for Kentucky has usually occurred between February and March of each season.

To avoid a missed opportunity, please offer influenza vaccinations during routine office visits.

National Influenza Vaccination Week

The 2008 "National Influenza Vaccination Week" (NIVW) will be December 8-14. Please visit the CDC's NIVW webpage at <http://www.cdc.gov/flu/nivw/NIVW2008-index.htm>.

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Who Should Be Vaccinated?

- all children aged 6 months-18 years;
- all persons aged ≥ 50 years;
- children and adolescents (aged 6 months-18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection;
- women who will be pregnant during the influenza season;
- adults and children who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological, or metabolic disorders (including diabetes mellitus);
- adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV);
- adults and children who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration; and residents of nursing homes and other chronic-care facilities.
- healthcare providers (HCP);
- healthy household contacts (including children) and caregivers of children aged ≤ 59 months (i.e., aged < 5 years) and adults aged ≥ 50 years
- healthy household contacts (including children) and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza; and
- any adult who wants to reduce their risk of becoming ill with influenza or of transmitting it to others

What other ways can I help protect myself against the flu?

- Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
- If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.
- Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.
- Clean your hands. Washing your hands often will help protect you from germs.
- Avoid touching your eyes, nose, or mouth. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.
- Practice other good health habits: Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.



You can help prevent the spread of flu by practicing good hand washing habits.